

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/5/2, 734

FILING DATE

APPLICANT(S)

11/8/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51				1		
2			1				52			1			
3				1			53			1			
4				1			54			1			
5				1			55			1			
6				1			56			1			
7				1			57			1			
8			1				58			1			
9				1			59			1			
10				1			60			1			
11				1			61			1			
12				1			62			1			
13				1			63			1			
14				1			64			1			
15				1			65			1			
16			1				66			1			
17				1			67			1			
18				1			68			1			
19			1				69			1			
20			1				70			1			
21			1				71			1			
22				1			72			1			
23			1				73						
24				1			74						
25				1			75						
26				1			76						
27				1			77						
28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.			47				TOTAL IND.						
TOTAL DEP.			25				TOTAL DEP.						
TOTAL CLAIMS			72				TOTAL CLAIMS						